

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10561487

FILING DATE

12-19-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6			1			
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19			1			
20				1		
21				1		
22				1		
23			1			
24				1		
25				1		
26				1		
27				1		
28				1		
29			2			
30				1		
31			2			
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38			1			
39				1		
40				1		
41				1		
42			2			
43			1			
44				1		
45			1			
46				1		
47				1		
48				1		
49			2			
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		2	↓	
TOTAL DEP.		←		40	←	
TOTAL CLAIMS				47		